

Fax-Back Scheduling Form
Check Restructuring Testing Opportunities
 Federal Reserve Bank of Cleveland
 Detroit Territory

Please fax to 216-579-2356:

Financial Institution Name: _____ ABA Number: _____

Name and Telephone Number of Contact(s) during Testing:

Name: _____ Phone Number: _____ E-mail Address: _____

Name: _____ Phone Number: _____ E-mail Address: _____

FAX Phone Number: _____

LU Name <ALT & W>: _____ (LXL0BXXX)

Lterm Name: _____ (LXQFXXXX)

Please circle the day that you prefer to test and write in the approximate time between 8:00 a.m. and 5:00 p.m. Eastern time.

			Time	Type of Test (incoming/receipt or outgoing/send)
Week 1	Feb. 14 - 18	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____
Week 2	Feb. 21 - 25	Tues. – Wed. – Thur. – Friday	_____	_____
Week 3	Feb. 28 - Mar. 4	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____
Week 4	Mar. 7 - 11	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____
Week 5	Mar. 14 - 18	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____
Week 6	Mar. 21 - 25	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____
Week 7	Mar. 28 - Apr. 1	Mon. – Tues. – Wed. – Thur. – Friday	_____	_____

For questions about testing and assistance during testing, please call Debbie Marich at (216) 579-2263 or Debbie Ewing at (513) 455 - 4283.